SERIAL NO. MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER **AFTER AS FILED** AFTER **AFTER** AS FILED 1" AMENDMENT 2 ™ AMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND. TOTAL DEP TOTAL DEP

TOTAL

CLAIMS

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TOTAL

CLAIMS